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NEGATIVE EXAMINATIONS OF TYPHOID CARRIERS.

A TYPHOID CARRIER DISCHARGED DURING CONVALESCENCE AFTER THREE NEGATIVE FECAL EXAMINATIONS—TYPHOID HISTORY IN FAMILY.

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The requirement that the feces and urine should, prior to discharge of the patient, be found negative on bacteriological examination has undoubted value. Such negative examinations, however, are not conclusive evidence that the excretion of bacilli has ceased, or that if it has ceased excretion may not be resumed. The excretion during convalescence may be very irregular and a negative result may be due to the fact that the number of typhoid bacilli present is so small that they can not be isolated by our present methods. Furthermore, actual absence from the feces would not exclude the presence of developing biliary lesions which will later discharge bacilli into the intestinal tract. Although these facts are generally known, it is seldom that we encounter such a striking illustration of their importance as the one here reported.

On April 28, 1914, we were notified of the death of Mrs. Las. An autopsy was obtained and the post-mortem findings verified the clinical diagnosis of typhoid fever. The typhoid fever was complicated by the abortion of a six months' fetus. Investigation revealed an interesting family typhoid history, showing the importance of contact infection. It also revealed the presence in the family of a chronic carrier.

Four related families were found involved. Of a total of 37 persons, 12 had developed typhoid fever. Three of the families, C., G., and Lib., are related—the mothers are sisters. Mrs. Las. is the daughter of Mrs. C. The cases of typhoid fever in the order of their onset are as follows:

C. family:
  Mike; onset September 3, 1913; age 17 years.
  Mrs.; onset October 3, 1913; age 54 years.
  Julia; onset October 3, 1913, or possibly before; age 15 years.
  George; onset October 13, 1913; probable typhoid; age 25 years.

G. family:
    Angelina; onset October 8, 1913; age 2 years.
    Rocco; onset October 11, 1913; age 6 years.
Lib. family: Julia; onset October 14, 1913; age 15 years.
Las. family:
    Rocco; onset March 11, 1914; age 10 years.
    Daniel; onset March 20, 1914; age 12 years.
    Louis; onset March 20, 1914; age 8 years.
    Theresa; onset March 20, 1914; age 4 years.
    Mrs.; onset April 1, 1914; died; age 30 years.

The probable sequence[1] of infection is as follows. Mrs. C. and Julia C. were probably infected nursing Mike, who did not enter the hospital till late in the course of the disease, being sent to the hospital because of the development of a peri-renal abscess. As Mike did not enter the hospital till October 11, he was probably the source of infection for George as well, rather than the more recently ill mother and sister.

The members of the G. and Lib. family visited the C. family during the illness of Mike and may have easily been infected from this source, especially considering the cramped quarters the family occupied.

With the developing of pregnancy of Mrs. Las., the mother, Mrs. C., was called upon for help in the household work, and came in more frequent contact with the members of the Las family. Although Mrs. C. was discharged from the hospital only after three negative examinations of her feces, she was found to be a carrier when examined in May, 1914, and is still excreting typhoid bacilli at the present time, although remittently. A remission of nearly six months has occurred while under our observation.

Discharge negative examinations are a safeguard only in so far as they prevent the return of convalescents to their homes while still excreting typhoid bacilli in appreciable numbers. The history of the above carrier indicates the value of a prolonged period of observation of those convalescents who are engaged in occupations where they handle foodstuffs. According to the present department procedure, such persons are now kept under observation and reexamined over a period of six months.

MALARIA IN ARKANSAS.

PREVALENCE AND GEOGRAPHIC DISTRIBUTION—1915 AND 1916.

The study of the prevalence and geographic distribution of malarial fevers in the State of Arkansas, through the circularization of the practicing physicians, was begun in 1913. Previous reports on this subject were published in the Public Health Reports of January 2, 1914, and May 28, 1915, and issued as reprints Nos. 160 and 277.

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[1] Based on statements of family.